



| HEALTHCARE ELEMENTS | BENEFITS |
|---|--|
| HOSPITALISATION Subject to pre-authorization | |
| Hospital limit | Unlimited |
| Provincial Hospitals | |
| Ward Fees (general ward only) | 100% of the prescribed tariff |
| Theatre fees & Care units | 100% of prescribed tariff |
| Unattached theatre units & day clinics | 100% of prescribed tariff |
| Outpatient treatment | Emergency only |
| To Take Out (TTO) medicine | Limited to 7 days only |
| Psychiatric Treatment | 100% of negotiated tariff. 21 days per beneficiary per fund year |
| Transplants | 100% of prescribed tariff PMB only |
| Outpatient treatment for cancer and kidney dialysis | 100% of prescribed tariff PMB only. R107 000 per family per annum |
| Private Hospitals | |
| Ward fees (general ward only) | 100% of negotiated tariff |
| Theatre fees & Care unit | 100% of negotiated tariff |
| Unattached theatre units & day clinics | 100% of negotiated tariff |
| Transplants | No Benefit |
| Outpatient treatment for cancer and kidney dialysis | No Benefit |
| Outpatient treatment | Emergency only |
| To Take Out (TTO) medicine | Limited to 7 days only |
| Psychiatric Treatment | Up to 100% of prescribed tariff. 21 days per beneficiary per fund year |
| Operations and procedures in Private & Provincial hospitals | |
| Payment rate | 100% |
| Co-payments | 850 |
| Procedures subject to co-payments | levied if non-PMB condition |
| | Specialists, GPs, Anaesthetist, Assistant, etc. up to 100% of the prescribed tariff |
| Maternity - subject to pre-authorization and registration on the maternity programme | |
| Consultation | 4 Ante-natal visits and 2 scans |
| Confinement | 100% of prescribed tariff |
| Home births | 100% of prescribed tariff |
| Plastic Surgery | |
| | 100% of the prescribed tariff subject to exclusions. Management board may authorise reconstructive surgery and autoplasty as hospitalisation annual sub-limit of R37 450 |
| Out of hospital limits , savings and thresholds | |
| Savings or limits | None |
| Threshold/limits | no above threshold benefit |
| General Practitioners | |
| | No benefit out of hospital |

| Specialists | |
|---|---|
| Enhanced Specialist benefit | No benefit out of hospital |
| Medicines | |
| Acute/Prescribed Medication | No benefit |
| Pharmacist Advised Therapy (OTC) | No benefit |
| Chronic/Life Sustaining Medication | 100% of MHR & disp.fee 26 CDL conditions only from DSP |
| Ambulance Services | |
| Not between hospitals | Emergency only |
| Between hospitals | 100% of negotiated tariff |
| Air ambulance | 100% of negotiated tariff |
| Appliances | |
| Implanted prosthesis and artificial limbs | 100% of approved cost of prosthesis. Annual limit R32 100 per family subject to pre-authorisation and protocols |
| HIV Benefit | |
| | Subject to registration on programme |

DISCLAIMER:

This summary does not supersede the Rules of the Fund. In the event of a discrepancy between the summary and the Rules, the Rules shall prevail. Non PMB claims will be paid from the relevant benefits on your option. PMB claims will be paid in accordance with the Medical Schemes Act.

| CONTRIBUTIONS PER BENEFICIARY PER MONTH - 2010 | |
|--|--------------|
| Principal member | R 889 |
| Adult dependant | R 756 |
| Child dependant (under 21 years unless special dependant) | R 223 |

EXPLANATORY NOTES

| | |
|--------------------|---|
| Hospital limit | Services received while in hospital. |
| Day to Day limits | Services related to day-to-day expenses. i.e. GPs, specialists, dentistry, optometry, medicine, etc. The amount you have for a specific benefit for the fund year. |
| Annual limits | Certain options have limits to hospital, day-to-day benefits and medication. Use your benefits wisely. |
| Fund year | From January to December of any year. Funds not used in a specific year cannot be transferred to the next fund year, except for the savings left on Classic. |
| Pre-authorisation | Approval required from the Fund before certain (planned) procedures can be performed. If pre-authorisation has not been obtained for such procedures, a penalty will apply. Pre-authorisation is not required for emergency procedures. |
| Planned procedures | An operation or other procedure, that the member and provider know about at least 24 hours before it is going to be performed. These are the procedures that need to be pre-authorised. |
| MHR | Moto Health Care reference price list and formulary for medication. |
| CDL | Chronic Disease List. |
| PMB | Prescribed Minimum Benefits. |
| DSP | Designated Service Provider. |
| UPFS | Uniform Public Fee Schedule. |



